

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081401

Entity Name: MEDICAL CAMPUS MANAGEMENT, INC.**Current Principal Place of Business:**1095 ST. LUCIE WEST BLVD
PORT ST LUCIE, FL 34986**Current Mailing Address:**P.O. BOX 9010
STUART, FL 34995 US**FEI Number:** 65-0605328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OFFICE OF THE GENERAL COUNSEL
200 SE HOSPITAL AVE
STUART, FL 34994 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT LORD JR.

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COLLINS, ED
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, PRESIDENT
Name LORD, ROBERT L JR.
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title SECRETARY, DIRECTOR
Name PETRY, FERNANDO DO
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR, TREASURER
Name GLASS, STEVEN C
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title DIRECTOR
Name LONGVILLE, TIMOTHY
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

Title ASST. SECRETARY, DIRECTOR
Name OBLANDER, JASON
Address P.O. BOX 9010
City-State-Zip: STUART FL 34995

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT LORD JR

PRESIDENT

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date